

## Montana Department of Labor & Industry

Employment Relations Division, Workers' Compensation Regulation Bureau

Street: 1805 Prospect Ave.

City/State/ZIP: Helena, Montana 59601

Phone: (406) 444-1555 Fax: (406) 444-7710

Email: [dhorning@mt.gov](mailto:dhorning@mt.gov)

Website: [Self-Insurance Plan 1](#)

(under insurance compliance, self-insurance)

Date Stamp - Office Use Only

### Workers' Compensation Self-Insurance Financial / Loss Update

Self-Insured Period:

From:  To:   
(mm/dd/yyyy) (mm/dd/yyyy)

### GENERAL INFORMATION

Name of Company:

Federal Employer Tax ID #:

Address:

  

Parent Company :

Address:

  

Company Official(s) to Contact Regarding Self-Insurance:

	Name	Title	Address	E-Mail	Phone No.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### GENERAL INSTRUCTIONS

- 1 Include only the claims information for the time you were self-insured.
- 2 In the "Accident and Claims Summary" section, please report claim figures for open claims only.
- 3 Provide the "Undiscounted Total Estimated Unpaid Liability on All Montana Self-Insured Claims" in that section. This figure should be reported for claims incurred before 7/1/1989 and claims incurred after 7/1/1989.
- 4 Provide the "Total Cash Paid for Self-Insured Claims During Most Current Year" in that section. Please enter year (mm/dd/yyyy). The total amount should equal all the checks written for workers' compensation in Montana in the last calendar year.
- 5 Provide two (2) copies of your most recent annual report or audited financial statements.
- 6 Sign and return the financial loss update form to the address listed above.

## Montana Workers' Compensation Self-Insurance Financial / Loss Update

### ACCIDENT and CLAIM SUMMARY for SELF-INSURED PERIOD ONLY

<i>(check one)</i>			XX
Claims reported on:	Policy Year	Fiscal Year	Calendar Year

(enter period of self-insurance)

From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

**ALL OPEN CLAIMS:  
(Open Claims Only)**

	<b>All years Summary</b>	<b>- GRAND TOTALS</b>
		<b>- attach additional pages</b>
		<b>- showing each claim year breakdown</b>
Total payments made:	\$ -	(line 1)
Unpaid reserves, without IBNR, as of end of most recent year:	\$ -	(line 2)
Total incurred liability without IBNR updated as of end of most recent year:	\$ -	(line 1+ line 2)
Expected recoveries from excess insurance carrier	\$ -	
Number of open claims	0	

When were Reserves last updated?

(mm/dd/yyyy)

By Whom?

(Company)

**Undiscounted Total Estimated UNPAID Liability On All Montana Claims:**

For claims incurred before 7/1/89:	\$ -	
For claims incurred after 7/1/89:	\$ -	
<b>Total Claims:</b>	\$ -	(sum of line 2 above)

<i>(enter year)</i>	From: (mm/dd/yyyy)	To: 12/31/2005	
<b>Total Cash Paid during Last Calendar Year</b>	Indemnity + Medical	+ Other	= Total
	\$ -	\$ -	\$ -
Medical payments in excess of \$200,000 per claim		\$ -	

This information is reported by the firm by an authorized person.

I certify that all of the information provided is correct.

Typed Name	Title	Phone	Date
Authorized Signature		E-Mail	

Montana Workers' Compensation  
Self-Insurance Financial / Loss Update  
(*Reproduce this page as needed*)

## ACCIDENT and CLAIM SUMMARY for SELF-INSURED PERIOD ONLY

Open Claims Only by Claim Year	Year	Year	Year	Year
Total payments made: (line 1)	\$0	\$0	\$0	\$0
Unpaid reserves, without IBNR, as of end of most recent year: (line 2)	\$0	\$0	\$0	\$0
Total incurred liability, without IBNR, updated as of most recent year-end: (line 1+ line 2)	\$0	\$0	\$0	\$0
Expected recoveries from excess insurance carrier	\$0	\$0	\$0	\$0
Number of open claims	0	0	0	0

Open Claims Only by Claim Year	Year	Year	Year	Year
Total payments made: (line 1)	\$0	\$0	\$0	\$0
Unpaid reserves, without IBNR, as of end of most recent year: (line 2)	\$0	\$0	\$0	\$0
Total incurred liability, without IBNR, updated as of most recent year-end: (line 1+ line 2)	\$0	\$0	\$0	\$0
Expected recoveries from excess insurance carrier	\$0	\$0	\$0	\$0
Number of open claims	0	0	0	0

Open Claims Only by Claim Year	Year	Year	Year	Year
Total payments made: (line 1)	\$0	\$0	\$0	\$0
Unpaid reserves, without IBNR, as of end of most recent year: (line 2)	\$0	\$0	\$0	\$0
Total incurred liability, without IBNR, updated as of most recent year-end: (line 1+ line 2)	\$0	\$0	\$0	\$0
Expected recoveries from excess insurance carrier	\$0	\$0	\$0	\$0
Number of open claims	0	0	0	0

If no open claims in claim year, then leave blank

**Note: Carry the sum of all years and report the grand totals on Page 2.**